

Return for Credit Payments to Issuers of Qualified Bonds

OMB No. 1545-2142

Part I Information on Entity That Is To Receive Payment of Credit and Communications ☐ Check box if Amended Return

1 Name of entity that is to receive payment of the credit		2 Employer identification number (EIN)	
3 Number and street (or P.O. box no. if mail is not delivered to street address)		Room/suite	
4 City, town, or post office, state, and ZIP code			
5 Name and title of designated contact person whom the IRS may call for more information		6 Telephone number of officer or legal representative ()	

Part II Reporting Authority

7 Issuer's name (if same as line 1, enter "SAME" and skip lines 8, 9, 11, 15, and 16)		8 EIN	
9 Number and street (or P.O. box no. if mail is not delivered to street address)	Room/suite	10 Report number (For IRS Use Only) 8	
11 City, town, or post office, state, and ZIP code		12 Date of issue (MM/DD/YYYY) / /	
13 Name of issue		14 CUSIP number	
15 Name and title of officer or other person whom the IRS may call for more information		16 Telephone number of officer or other person to call ()	

17a Type of issue ▶	Issue price ▶	17b
17c Check applicable box ▶ <input type="checkbox"/> Variable rate bond <input type="checkbox"/> Fixed rate bond		

Part III Payment of Credit

18 Interest payment date to which this payment of credit relates (MM/DD/YYYY)	/ /			
19 Interest payable to bondholders on the interest payment date		19		
20 Amount of credit payment to be received as of the interest payment date (complete line 20a OR line 20b only):				
a Build America bonds. Multiply line 19 by 35% (0.35)		20a		
b Recovery zone economic development bonds. Multiply line 19 by 45% (0.45)		20b		
21 Adjustment to previous credit payments (complete line 21a OR line 21b only):				
a Net increase to previous payments (attach explanation)		21a		
b Net decrease to previous payments (attach explanation)		21b	()	
22 Amount of credit payment to be received. Combine line 20a or line 20b with line 21a or line 21b		22		
23 Is this the final interest payment date?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
24 If the entity identified in Part I is not the issuer, check this box			▶ <input type="checkbox"/>	

Direct Deposit	25a Enter direct deposit information below:		
	b Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d Account number		

Signature and Consent	Under penalties of perjury, I declare that I have examined this return, and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that I authorize the IRS to send the requested refundable credit payment to the entity identified in Part I, and I consent to the disclosure of the issuer's return information, as necessary to process the refundable credit payment, to the designated contact person(s) listed above in Parts I and II, as applicable.		
	Signature of issuer	Date	Type or print name and title

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	()